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FROM: Mark DeLuca TIMEKEEPER NO.: 2299  
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# OF PAGES (INCLUDING COVER): 22 FILE NAME: PANA0001-100  
DATE: January 17, 2006 FILE #: 133955

RECIPIENT(S)	PHONE	FAX
Examiner Scott David Priebe USPTO, GAU 1632	571.272.0733	571.273.8300

## MESSAGE:

PLEASE DELIVER TO EXAMINER SCOTT DAVID PRIEBE, GAU 1632

RE: U.S. APPLICATION NO. 09/753,892 - FILING DATE: January 3, 2001

## ENCLOSED FOR FILING, PLEASE FIND:

- Transmittal Form (1 page)
- Fee Transmittal w/auth to Charge Deposit Acct. \$620 (dupl.)
- Petition for 2 Mos. Extension of Time (dupl.)
- Request for Continued Examination (dupl.)
- Amendment(14 pages)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/753,892
	Filing Date	January 3, 2001
	First Named Inventor	Leonid Yakubov
	Art Unit	1632
	Examiner Name	Scott David Priebe
Total Number of Pages in This Submission	Attorney Docket Number	PANA0001-100

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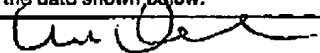
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): REQUEST FOR CONTINUED EXAMINATION (RCE); OFFICIAL FACSIMILE COVER SHEET
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Cozen O'Connor		
Signature			
Printed Name	Mark DeLuca		
Date	January 17, 2006	Reg. No.	33,229

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Mark DeLuca	Date	January 17, 2006

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Application Number	09/753,892
		Filing Date	January 3, 2001
		First Named Inventor	Leonid A. Yakubov
		Examiner Name	Scott David Pribe
		Art Unit	1632
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PANA0001-100
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$ ) 620.00	

**METHOD OF PAYMENT** (check all that apply)

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
37	-20 or HP= 0	x _____ = _____
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
3	-3 or HP= 0	x _____ = _____
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	= _____	_____


**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE FEE (\$395); PET. FOR 2 MOS. EXT FEE (\$225)**Fees Paid (\$)**

620.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	33,229	Telephone	215.665.5592
Name (Print/Type)	Mark DeLuca	Date	January 17, 2006		

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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